

香港青年旅舍協會
HONG KONG
Youth Hostels Association



TEL (852) 2788 1638
FAX (852) 3755 4383
WEBSITE www.yha.org.hk
E-MAIL info@yha.org.hk

Day / Evening Camp Booking Form (please read the notes below before filling in the form.)

Name of Organization / Individual (Chi) _____ (Eng) _____

Membership no. _____ Contact Person (1) _____ Contact Number (1) _____

Email _____ Contact Person (2) _____ Contact Number (2) _____

Day / Evening Camp Date _____

Booking purpose of Day / Evening Camp _____

Please ✓ your choice:	Day Camp (Any period within 09:00 - 16:00)	Evening Camp (Any period within 16:00 - 22:00)
<input type="checkbox"/> (Hong Kong Island) YHA Jockey Club Mt. Davis Youth Hostel <input type="checkbox"/> (Tai Po) YHA Bradbury Jockey Club Tai Mei Tuk Youth Hostel <input type="checkbox"/> (Lantau Island) YHA Ngong Ping SG Davis Youth Hostel <input type="checkbox"/> (Sai Kung) YHA Pak Sha O Youth Hostel <input type="checkbox"/> (Sai Kung) YHA Bradbury Hall Chek Keng Youth Hostel <input type="checkbox"/> (Tsuen Wan) YHA Sze Lok Yuen Tai Mo Shan Youth Hostel	<p>\$50 per person</p> <p>x _____</p>	<p>\$50 per person</p> <p>x _____</p>
<p align="right">Total Camp Fee (HK\$)</p>	<p align="center">\$ _____</p>	

Notes:

1. All Guests must be a valid YHA's members (Individual or Group). Hostel can issue or renew individual membership. Individual member can bring 3 guests at most. There is no limitation on number of guests under group membership.
2. Those who enter the hostel must provide valid ID / passports for registration.
3. Some facilities may be closed during the day camp. There is additional fee for using the multi-purpose room.
4. The Hong Kong Youth Hostel Association has the final right on booking application.
5. Users should treat with care to all property and equipment at HKYHA hostels and keep hostels clean. Users will be responsible for all charges incurred due to loss or damage. The hostel must be resumed to a clean and tidy condition, otherwise HK\$500 cleaning fee will be charged.

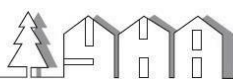
I hereby declare that all information given in this application is true and correct. I will comply with all regulations and conditions set out for the use of HKYHA hostels, and will take full responsibility in the event of any violation of the regulations and conditions and any accidents however caused.

Please tick the box if original copies of ☐ invoice and/or ☐ receipt are needed.

Date: _____ / _____ / _____

Company chop and signature: _____

For office use only	Accept: Yes <input type="checkbox"/> / No <input type="checkbox"/>	Date:	Confirmation no.:	Followed by:
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YOUTH HOSTELS ASSOCIATION



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Multi-purpose Room Booking Form (please read the notes below before filling in the form.)

Name of Organization/Individual (Chi) _____ (Eng) _____

Membership no. _____ Contact Person (1) _____ Contact Number (1) _____

Email _____ Contact Person (2) _____ Contact Number (2) _____

Hostel (please tick the box where appropriate) _____

YHA Jockey Club Mt. Davis Youth Hostel ☐ / YHA Bradbury Jockey Club Tai Mei Tuk Youth Hostel ☐ /

YHA Pak Sha O Youth Hostel ☐ / YHA Sze Lok Yuen Tai Mo Shan Youth Hostel ☐

- Number of Persons: _____

- Booking Purpose: _____

Please write down date(s) of reservation and put a ✓ to indicate your booking period below:

**HK \$150 per hour for a minimum of 2 hours.

TIME	DATE: _____	DATE: _____
09:00 – 10:00		
10:00 – 11:00		
11:00 – 12:00		
12:00 – 13:00		
13:00 – 14:00		
14:00 – 15:00		
15:00 – 16:00		
16:00 – 17:00		
17:00 – 18:00		
18:00 – 19:00		
19:00 – 20:00	*Not Applicable to YHA Pak Sha O Youth Hostel	
20:00 – 21:00		
21:00 – 22:00		
Sub Total :	HK\$	HK\$
Total :	HK\$	

Notes:

1. Additional payment for Day/Evening Camp may be required beyond check-out. Please refer to Day/Evening Camp Reservation Form.
2. All hostellers should treat with care all property and equipment in multi-purpose rooms. Hostellers must be responsible for all charges incurred due to loss or damage.
3. Hostel managers and HKYHA reserve final right on booking application.
4. After using the multi-purpose room, please move furniture to original positions, thank you for your co-operation.

Please tick the box if original copies of ☐ invoice and/or ☐ receipt are needed.

Date: _____ / _____ / _____

Company chop and signature: _____

For office use only	Accept:	Date:	Confirmation no.:	Followed by:
	Yes <input type="checkbox"/> / No <input type="checkbox"/>			